



Department of Veterans Affairs Office of Inspector General

Healthcare Inspection

Community Based Outpatient Clinic Reviews

Macon and Albany, GA

Beaver Dam, WI and Rockford, IL

Sioux City, IA and Aberdeen, SD

Waterloo, IA and Galesburg, IL

To Report Suspected Wrongdoing in VA Programs and Operations

**Telephone: 1-800-488-8244 between 8:30AM and 4PM Eastern Time,
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Executive Summary

Introduction

As requested in House Report 110-775, to accompany H.R. 6599, Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, fiscal year (FY) 2009, the VA Office of Inspector General (OIG) is beginning a systematic review of Veterans Health Administration (VHA) community based outpatient clinics (CBOCs).

The VA OIG, Office of Healthcare Inspections conducted a review of eight CBOCs during the week of September 14–18, 2009. The CBOCs reviewed in Veterans Integrated Service Network (VISN) 7 were Macon and Albany, GA; in VISN 12, Beaver Dam, WI and Rockford, IL; and, in VISN 23, Sioux City, IA and Aberdeen, SD; and Waterloo, IA and Galesburg, IL. The parent facilities of these CBOCs are Carl Vinson (Dublin) VA Medical Center (VAMC), William S. Middleton Memorial Veterans Hospital (Madison), Sioux Falls VAMC, and Iowa City VAMC, respectively. The purpose of the review was to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

Results and Recommendations

The CBOC review covered five topics. In our review, we noted several opportunities for improvement and made recommendations to address all of these issues. The Directors, VISN 7, 12 and 23, in conjunction with the respective facility manager, should take appropriate actions on the following recommendations:

- Require that contract requirements for physicians are met or aligned with VHA requirements.
- Ensure that contract providers are privileged according to policy.
- Review privileges that have been granted to clinical staff and grant privileges that are consistent with CBOC providers' practices.
- When reprivileging, compare practitioner data to aggregated data of those privileged practitioners who hold the same or comparable privileges.
- Require that the Ongoing Professional Practice Evaluation (OPPE) plan, OPPE data, and the privileging process are managed in accordance with VHA requirements.
- Ensure the panic alarm system is functional.
- Conduct an information technology network security assessment and correct any vulnerability.

- Improve access for disabled veterans.
- Evaluate the effectiveness of the panic alarm system.
- Require that staff are able to safely access the sharps containers.
- Lock all computer stations when not in use.
- Maintain personally identifiable information in a secure manner.
- Develop a local policy for medical emergencies that reflects the current practice and capability of the CBOC.
- Provide contract oversight and enforcement in accordance with the terms and conditions as stated in the contract.
- Review key contractual provisions with the Contracting Officer's Technical Representative (COTRs) and ensure the COTRs understand the terms of the contract and criteria.
- Monitor the COTR's oversight by evaluating the evidence that the COTR's review and approval of contractor invoices is in compliance with terms of the contract.
- Ensure that contractor performance measures are evaluated against the criteria established in the contract.
- Receive contractor invoices in electronic format in addition to paper documents to facilitate invoice analysis.
- Provide contractor with a current list of inactivated enrollees to prevent future overcharges on billings.

Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–G, pages 28–43 for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

(original signed by:)

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Part I. Introduction

Purpose

As requested in House Report 110-775, to accompany H.R. 6599, Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, fiscal year (FY) 2009, the VA Office of Inspector General (OIG) is undertaking a systematic review of the Veterans Health Administration's (VHA's) community-based outpatient clinics (CBOCs).

Background

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance. For additional background information, see the *Informational Report for the Community Based Outpatient Clinic Cyclical Reports*, 08-00623-169, issued July 16, 2009.

Scope and Methodology

Objectives. The purpose of this review is to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care in accordance with VA policies and procedures. The objectives of the review are to:

- Determine whether CBOC performance measure scores are comparable to the parent VA medical center (VAMC) outpatient clinics.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.¹
- Determine whether CBOCs maintain the same standard of care as their parent facility to address the Mental Health (MH) needs of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) era veterans.

¹ VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

- Determine whether CBOCs are in compliance with standards of operations according to VHA Handbook 1006.1² in the areas of environmental safety and emergency planning.
- Determine the effect of CBOCs on veteran perception of care.
- Determine whether CBOC contracts are administered in accordance with contract terms and conditions.

Scope. We reviewed CBOC policies, performance documents, provider credentialing and privileging (C&P) files, and nurses' training records. For each CBOC, random samples of 50 patients with a diagnosis of diabetes mellitus (DM), 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service separation date after September 11, 2001, without a diagnosis of post-traumatic stress disorder (PTSD), were selected, unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with VHA performance measures.

We conducted environment of care (EOC) inspections to determine the CBOCs' cleanliness and conditions of the patient care areas; conditions of equipment, adherence to clinical standards for infection control and patient safety; and compliance with patient data security requirements.

We also reviewed FY 2008 Survey of Healthcare Experiences of Patients (SHEP) data to determine patients' perceptions of the care they received at the CBOCs.

We conducted the inspection in accordance with *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

In this report, we make recommendations for improvement.

² VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

Part II. CBOC Characteristics

Veterans Integrated Service Network (VISN) 7 has 10 VHA hospitals and 28 CBOCs, VISN 12 has 7 VHA hospitals and 32 CBOCs, and VISN 23 has 10 hospitals and 49 CBOCs. As part of our review, we inspected 8 CBOCs (6 VA staffed and 2 with contracted staff). The CBOCs reviewed in VISN 7 were Macon and Albany, GA; in VISN 12, Beaver Dam, WI and Rockford, IL; and, in VISN 23, Sioux City, IA and Aberdeen, SD; and Waterloo, IA and Galesburg, IL. The parent facilities of these CBOCs are Carl Vinson (Dublin) VAMC, William S. Middleton Memorial Veterans Hospital (Madison), Sioux Falls VAMC, and Iowa City VAMC, respectively.

We formulated a list of CBOC characteristics and developed an information request for data collection. The characteristics included identifiers and descriptive information for the CBOC evaluation.

In FY 2008, the average number of unique patients seen at the 6 VA-staffed CBOCs was 3,885 (range 1,824 to 7,290) and at the contract CBOCs was 5,519 (range 4,738 to 6,299). Figure 1 shows characteristics of the 8 CBOCs we reviewed to include type of CBOC, rurality, number of clinical full-time equivalent employees (FTE), number of unique veterans enrolled in the CBOC, and number of veteran visits.

VISN Number	CBOC Name	Parent VAMC	CBOC Type	Urban/Rural	Number of Clinical Providers (FTE)	Uniques	Visits
7	Macon, GA	Dublin, GA	Contract	Rural	7.75	6,299	17,502
7	Albany, GA	Dublin, GA	Contract	Rural	6.0	4,738	17,116
12	Beaver Dam, WI	Madison, WI	VA Staffed	Rural	1.8	1,824	4,622
12	Rockford, IL	Madison, WI	VA Staffed	Urban	7.5	7,290	30,469
23	Sioux City, IA	Sioux Falls, SD	VA Staffed	Rural	3.95	3,586	14,621
23	Aberdeen, SD	Sioux Falls, SD	VA Staffed	Rural	2.08	2,506	12,931
23	Waterloo, IA	Iowa City, IA	VA Staffed	Urban	3.95	4,893	15,027
23	Galesburg, IL	Iowa City, IA	VA Staffed	Urban	3.00	3,209	10,506

Figure 1 - CBOC Characteristics, FY 2008

Four of the eight CBOCs provide specialty care services (Macon, Rockford, Galesburg, and Waterloo), while the other four CBOCs refer patients to the parent facility. Macon provides podiatry; Rockford provides gastrointestinal, physical therapy, podiatry, and neurology/traumatic brain injury (TBI); and Galesburg and Waterloo provide services in diabetes self-management and an outpatient substance abuse treatment program.

All eight CBOCs provide electrocardiograms (EKGs), and six have laboratory services onsite. Two of the eight are able to provide basic blood tests onsite (Galesburg and Waterloo). Veterans have access to social services at three CBOCs. Three CBOCs provide onsite dietary services. Three of the eight CBOCs we reviewed provide telemedicine. The CBOC at Rockford has an onsite pharmacy.

All eight CBOCs provide MH services onsite. The type of clinicians who provide MH services varied among the CBOCs to include primary care physicians, psychologists,

psychiatrists, nurse practitioners, and social workers. Tele-mental health is available at six CBOCs. Seven CBOCs report that MH services are provided 5 days a week, and the other CBOC provides MH services 1.5 days per week. Additional CBOC characteristics are listed in Appendix H.

Part III. Overview of Review Topics

The review topics discussed in this report include:

- Quality of Care Measures.
- C&P.
- EOC and Emergency Management.
- Patient Satisfaction.
- CBOC Contracts.

The criteria used for these reviews are discussed in detail in the *Informational Report for the Community Based Outpatient Cyclical Reports*, 08-00623-169, issued July 16, 2009.

We evaluated the quality of care measures by reviewing 50 patients with a diagnosis of DM, 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service separation date after September 11, 2001 (without a diagnosis of PTSD), unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with first (1st) quarter (Qtr), FY 2009 VHA performance measures.

We conducted an overall review to assess whether the medical center's C&P process complied with VHA Handbook 1100.19. We reviewed CBOC providers' C&P files and nursing staff personnel folders. In addition, we reviewed the background checks for the CBOC clinical staff.

We conducted EOC inspections at each CBOC, evaluating cleanliness, adherence to clinical standards for infection control and patient safety, and compliance with patient data security requirements. We evaluated whether the CBOCs had a local policy/guideline defining how health emergencies, including MH emergencies, are handled.

We reviewed and discussed recent SHEP data (FY 2008) with the senior leaders. If the SHEP scores did not meet VHA's target goal of 77, we interviewed the senior managers to assess whether they had analyzed the data and taken action to improve their scores.

We evaluated whether the two CBOC contracts (Macon and Albany) provided guidelines that the contractor needed to follow in order to address quality of care issues. We also verified that the number of enrollees or visits reported was supported by collaborating documentation.

Part IV. Results and Recommendations

A. VISN 7, Dublin VAMC – Macon and Albany

Quality of Care Measures

The Macon CBOC quality measures scores equaled or exceeded the parent facility scores. The Albany CBOC equaled or exceeded the parent facility for all measures except hyperlipidemia screening, and DM retinal eye exam and lipid profile. (See Appendix I.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders of three nurses at both the Macon and Albany CBOCs. All providers possess a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented. However, we identified the following areas that needed improvement:

Credentialing

Contract Providers' Credentialing Requirement

The Macon and Albany CBOC contracts mandate that all physician providers be board certified in either Internal Medicine or Family Practice Medicine. Review of the Macon CBOC physicians' credentials revealed one physician was not board certified. Furthermore, the contract specified that practitioners under contract for both CBOCs will be certified in advanced cardiac life support (ACLS) certification. After review of the training records, we found that only two providers at each CBOC were ACLS certified. However, since neither CBOC had ACLS equipment or medications, the ACLS certification was beyond the scope of services provided at the CBOCs.

Declaration of Health

The medical center obtained the providers' health declarations during the initial and reappraisal process, as required by VHA Handbook 1100.19, but failed to scan the health declarations for all providers into the VetPro system³ as required. Failure to scan these documents into the VetPro system has the potential of decreasing the efficiency and accuracy of the credentialing process. Because hard copies of the health declarations were available for review during the reappraisal process and senior managers have agreed to scan the declarations into the VetPro system, we did not make a recommendation.

³ VetPro is a Web-based physician credentialing system. Its use allows for accurate and complete credentials to be obtained once, electronically banked, and retrieved for review and updating in a secure Web-based environment.

Privileging

Contract Providers' Privilege Period

Both the Macon and Albany CBOCs contract providers were privileged for a 2-year period even though the contract was for 1 year. VHA Handbook 1100.19 states that clinical privileges granted to contractors may not extend beyond the contract period.

Clinical Privileges

Providers at the Macon and Albany CBOCs were granted privileges for practices not performed at the CBOC. Examples included: admitting privileges, suturing, and interpreting Holter Monitor⁴ printouts and EKG final interpretations. The medical center managers stated these privileges should not have been granted to the CBOC providers. According to VHA Handbook 1100.19, only privileges for procedures actually provided by the VA facility may be granted to a practitioner.

Recommendation 1. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director requires that the contract requirements for physicians are met or aligned with VHA requirements at the Macon and Albany CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The facility has submitted a request for modification to the contract officer to change the verbiage of the requirements for physicians to be board certified or board eligible. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 2. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director requires that contract providers at the Macon and Albany CBOCs are privileged according to VHA policy.

The VISN and VAMC Directors concurred with our finding and recommendation. The Medical Center Chief of Staff has changed the privileging policy and developed a different privileging form for CBOC providers. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 3. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director requires that clinical managers review the privileges that have been granted to clinical staff and grant privileges that are consistent with providers' practices at the Macon and Albany CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The Medical Center Chief of Staff has changed the privileging policy and developed a

⁴ A portable continuous electrocardiographic recorder.

different privileging form for CBOC providers. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Both CBOCs' internal EOCs were clean and well maintained. However, we identified the following area that needed improvement:

Panic Alarms

The Macon and Albany CBOCs provide MH services, and each had a panic alarm system in place for emergencies. However, we tested the system at the Albany CBOC and found that it was not functional during our site visit. The system at the Macon CBOC was also tested, and we found it to be functional.

Recommendation 4. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director requires a functional panic alarm system for the Albany CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. A request has been submitted to remove the inoperable panic alarm system, and key staff at the Albany CBOC are wearing alert monitors. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

VHA Handbook 1006.1 requires each CBOC have a local policy or standard operating procedure (SOP) defining how medical and MH emergencies are handled. Our interviews revealed staff at each facility articulated responses that accurately reflected the local policy.

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 2 and 3.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	557	Dublin	Mean Score	82.2	75	49.1	75	78.5
			N=	50	60	47	2,457	54,400
	557GA	Macon		54.5	57.6	54.4		
			N=	67	75	79		
	557GB	Albany		68.9	72	78.4		
			N=	47	66	71		

Figure 2. Outpatient Overall Quality

The Albany CBOC scored below the VHA target score of 77 in the 3rd and 4th Qtrs, FY 2008 for “overall quality,” while the Macon CBOC scored below for all quarters. Managers at the Macon CBOC anticipated and addressed a decline in scores during the contract renewal process by (1) increasing time the provider spends with each patient, (2) utilizing the nursing clinic for walk-in and/or overflow patients, (3) addressing access to care by increasing the number of staff to answer the telephones, and (4) extending the clinic hours.

Managers at the Albany CBOC also anticipated a decline in scores during the contract renewal process, which included relocation of the clinic. The following steps were taken to ensure continuity of care to the veterans: (1) provided written notification to all patients regarding the change in clinic location, (2) improved the telephone system to ensure all calls were answered promptly, (3) increased time the provider spends with each patient, (4) conducted rounds in the waiting rooms to assess patients’ needs and concerns, and (5) performed exit interviews with all patients.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	557	Dublin	Mean Score	51.9	55.8	52.4	72.7	77.3
			N=	51	59	47	2,464	55,407
	557GA	Macon		79.5	82.2	72.5		
			N=	68	73	75		
	557GB	Albany		81.6	83	88.4		
			N=	51	70	73		

Figure 3. Provider Wait Times

The parent facility failed to meet the VHA target score of 77 in FY 2008 for the “provider wait times”; however, both CBOCs met the VHA goal with the exception of Macon in the 2nd Qtr.

CBOC Contract

Macon CBOC

The contract for the Macon CBOC is administered through the Dublin VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 7. Contracted services with Sterling Medical Associates, Inc. (Sterling) began on May 1, 2008, with option years extending through April 30, 2013. The contract terms state that the CBOC will have (1) a Georgia-licensed physician to serve as medical director and (2) other primary care providers to include Physician Assistants (PAs) and nurse practitioners. There were 7.75 FTE primary care providers for the 1st Qtr, FY 2009. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 6,299 unique primary medical care enrollees with 17,502 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Dublin VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the Contracting Officer’s Technical Representative (COTR); and duplicate, missing, or incomplete social security numbers (SSNs) on the invoices.

We noted the following regarding contract administration and oversight:

- A. The initial enrollee list provided to Sterling was not verified to include only active enrollees who had received services in the last 13 months. We inquired of the former COTR regarding the list of enrollees provided to Sterling and were informed that the list had not been reviewed to inactivate ineligible enrollees.
- B. We noted that 951 out of 6,839 (14 percent) reported on the December 2008 invoice should have been inactivated for billing purposes by the VAMC in accordance with the terms of the contract.

The contract states under the provisions, (17) Enrollment for VA Benefits and Assignment of Patients, bullet (h) that, once assigned, the patient shall remain assigned until the VA inactivates the patient per inactivation criteria. In addition, provision (17)(i) bullet (3), states if the local facility has determined that an assigned patient should be seen annually; and, if the assigned patient has not been seen within the previous 13 months, the patient shall be inactivated at the CBOC. No compensation shall be provided for inactivated patients.

Analytical tests were performed to determine compliance with the 13-month provision regarding billing of enrollees based upon services received at the clinic. We noted the following:

- The list of 6,839 enrollees billed on the December 2008 invoice was compared to dates of services rendered as reported in the Veterans Health Information Systems and Technology Architecture (VistA) system.
 - The tests resulted in identifying enrollees billed to the VA who had not received any services within the prior 13 months at the CBOC for the period December 1, 2007, through December 31, 2008. This resulted in an overpayment to Sterling of approximately \$22,300 for December 2008. However, since no enrollees were inactivated by the VAMC from January through June 2009, the VAMC may have made additional overpayments of approximately \$133,750.
 - There were 388 enrollees billed to the VA who had not received any services within the prior 26 months at the CBOC for the period October 1, 2006, through December 31, 2008.
- C. The current COTR informed us that invoices for the period February through June 2009 were approved for payment without reviewing any supporting details of enrollees. The supporting details for these invoices were later located in the former COTR's office.
 - D. We noted nine duplicate names on the December 2008 invoice. The SSNs correlating to the duplicate names were one digit off.
 - E. We noted that the contract provisions regarding "negative incentives" were not being evaluated by the former or current COTR. The contract provisions in Section

III–Special Contract Requirements, (16) Performance Incentives, (b) Negative Incentive Options, provide financial penalties for the contractor if certain performance criteria are not met. If the VAMC is not assessing compliance with contract provisions on a timely basis, these provisions may not be enforceable.

By not monitoring these provisions in the contract, VAMC is overpaying the contractor for these services.

Albany CBOC

The contract for the Albany CBOC is administered through the Dublin VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 7. Contracted services with Sterling began on October 1, 2008, with option years extending through March 31, 2013. The contract terms state that the CBOC will have (1) a Georgia-licensed physician to serve as medical director and (2) other primary care providers to include PAs and nurse practitioners. There were 6.0 FTE primary care providers for the 1st Qtr, FY 2009. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 4,738 unique primary medical care enrollees with 17,116 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Dublin VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

We noted the following regarding contract administration and oversight:

- A. The initial enrollee list provided to Sterling was not verified to include only active enrollees who had received services in the last 13 months. We inquired of the former COTR regarding the list of enrollees provided to Sterling and were informed that the list had not been reviewed to inactivate ineligible enrollees. We noted that 709 out of 5,280 (13 percent) reported on the December 2008 invoice should have been inactivated for billing purposes by the VAMC in accordance with the terms of the contract.
- B. The contract states under the provisions, (17) Enrollment for VA Benefits and Assignment of Patients, bullet (h) that, once assigned, the patient shall remain assigned until the VA inactivates the patient per inactivation criteria. In addition, provision (17)(i) bullet (3), states if the local facility has determined that an assigned patient should be seen annually; and, if the assigned patient has not been seen within

the previous 13 months, the patient shall be inactivated at the CBOC. No compensation shall be provided for inactivated patients.

Analytical tests were performed to determine compliance with the 13-month provision regarding billing of enrollees based upon services received at the clinic. We noted the following:

- The list of 5,280 enrollees billed on the December 2008 invoice was compared to dates of services rendered as reported in the VistA system.
 - The tests resulted in identifying enrollees billed to the VA who had not received any services within the prior 13 months at the CBOC for the period December 1, 2007, through December 31, 2008. This resulted in an overpayment to Sterling of approximately \$17,250 for December 2008. However, since no enrollees were inactivated by the VAMC from January through June 2009, the VAMC may have made additional overpayments of approximately \$103,000.
 - There were 238 enrollees billed to the VA who had not received any services within the prior 26 months at the CBOC for the period October 1, 2006, through December 31, 2008.
- C. The current COTR informed us that invoices for the period February through June 2009 were approved for payment without reviewing any supporting detail of enrollees. The supporting detail for these invoices was later located in the former COTR's office.
- D. We noted eight duplicate names on the December 2008 invoice. The SSNs correlating to the duplicate names were one digit off.
- E. We noted that the contract provisions regarding "negative incentives" were not being evaluated by the former or current COTR. The contract provisions in Section III–Special Contract Requirements, (16) Performance Incentives, (b) Negative Incentive Options, provide financial penalties for the contractor if certain performance criteria are not met. If the VAMC is not assessing compliance with contract provisions on a timely basis, these provisions may not be enforceable.

By not monitoring these provisions in the contract, VAMC is overpaying the contractor for these services.

Recommendation 5. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Macon and Albany CBOCs. Specifically, we recommended that the following measures be taken:

- A. Contracting officers should review key contractual provisions with the COTRs and ensure that the COTRs understand the terms of the contract and criteria on which contract performance is measured.

- B. Contracting officers should monitor the COTR's oversight by evaluating the evidence that the COTR's review and approval of contractor invoices is in compliance with terms of the contract. COTRs should retain evidence of their review or be able to identify source documents/reports as evidence of their review.
- C. COTRs should ensure that contractor performance measures, including incentives and negative incentives, are evaluated against the criterion established in the contract.
- D. Contractor invoices should be received in electronic format (Microsoft Access or Excel) in addition to paper documents to facilitate invoice analysis.

The VISN and VAMC Directors concurred with our finding and recommendation. The COTR is reviewing the provisions of the contract and developing new quality indicators that are easily quantifiable. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 6. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director provide Sterling with a current list of inactivated enrollees to prevent future overcharges on billings for the Macon and Albany CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The COTR is revising the process of recognizing inactivated enrollees and alerting the contractor on a monthly basis prior to invoice completion. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

B. VISN 12, Madison VAMC – Beaver Dam and Rockford

Quality of Care Measures

The Beaver Dam CBOC quality measure scores equaled or exceeded the parent facility scores. The Rockford CBOC equaled or exceeded the parent facility scores in all measures except for the DM retinal eye exam. (See Appendix J.)

Credentialing and Privileging

We reviewed the C&P files of four providers and the personnel folders of three nurses at the Beaver Dam CBOC and five providers and four nurses at the Rockford CBOC. All providers possess a full, active, current, and unrestricted license and privileges were appropriate for services rendered. All nurses' license and education requirements were verified and documented. In addition, all background checks were initiated or completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Both CBOCs met most standards and the environments were generally clean and safe. However, we identified the following areas that needed improvement:

Information Security

To prevent the unauthorized access of VA computer systems, staff must lock computer terminals when not in attendance. During our tour of the Rockford CBOC, we noted one unsecured computer terminal in an unlocked patient examination room. We were able to access the user's email account without their knowledge.

Personally Identifiable Information

According to Health Insurance Portability and Accountability Act (HIPAA)⁵ regulations, control of the environment includes control of confidential patient information. The Rockford CBOC utilized an unlocked staff break room for inter-office mail distribution. During our tour, we found a locked bag marked "confidential" in a box designated for inter-office mail distribution. We also noted documents in practitioners' mail slots that contained patient personally identifiable information (PII). Staff were not in the immediate area to ensure this information was secure from unauthorized access.

⁵ The Health Insurance Portability and Accountability Act of 1996 Privacy Rule protects the privacy of individually identifiable health information.

Panic Alarms

The Rockford CBOC provides MH services in two buildings, which are separated by a parking lot. The main building was equipped with a panic alarm system to notify 911 services of an emergency event at the facility; however, it was not equipped with an internal system to notify building occupants of the emergency. The second building, where the majority of MH services are provided, was not equipped with a panic alarm system. Interviews revealed the Madison VAMC had recently contracted to purchase a computer-based system, capable of transmitting emergency alerts internally and to 911 services, for the VAMC and its CBOCs, with plans to install the panic alarm system on or before October 1, 2009. Because the Madison VAMC had contracted to implement an internal and external panic alarm system at both Rockford CBOC buildings prior to this review, we did not make a recommendation.

Recommendation 7. We recommended that the VISN 12 Director ensure that the Madison VAMC Director requires all computer stations at the Rockford CBOC are locked when not in use.

The VISN and VAMC Directors concurred with our finding and recommendation. The importance of privacy and security, specifically logging off computer terminals when staff walk away from their computers, was reiterated at a Rockford CBOC staff meeting. The facility implemented a national policy that mandates all medical center computers to comply with security standards. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 8. We recommended that the VISN 12 Director ensure that the Madison VAMC Director requires PII be maintained in a more secure manner at the Rockford CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Staff mailboxes remain in the staff break room; however, the room is now secured by a locked door. The importance of maintaining confidential information in a secured environment has been reiterated at weekly staff meetings. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical and MH emergencies are handled. The Beaver Dam CBOC did not have a local policy or SOP to instruct staff in how they were to respond if a patient presented with severe hypoglycemia (low blood sugar). The staff stated they would refer to the Madison VAMC hypoglycemia protocol. The protocol directs staff to administer oral glucose followed by intravenous (IV) glucose if oral glucose is ineffective. The CBOC was not

equipped for staff to administer IV glucose; therefore, they would administer oral glucose and then call 911 if ineffective.

Recommendation 9. We recommended that the VISN 12 Director ensure that the Madison VAMC Director requires that Beaver Dam CBOC develops a local policy for medical emergencies that reflects the current practice and capability of the CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The nursing “Protocol for Treatment of Hypoglycemia” will be modified to reflect a decision point for inpatient versus outpatient care. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 4 and 5.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	607	Madison	Mean Score	92	95.8	82.1	79.9	78.5
			N=	66	79	81	2782	54,400
	607GE	Beaver Dam		83.8	90.3	88.8		
			N=	86	90	92		
	607HA	Rockford		75.7	71.5	82.2		
			N=	87	80	76		

Figure 4. Outpatient Overall Quality

For “overall quality”, Beaver Dam equaled the medical center in the 2nd Qtr and met VHA target score of 77 in all quarters. However, Beaver Dam scored below the parent facility’s SHEP scores in 3rd and 4th Qtrs, FY 2008.

Rockford CBOC exceeded the parent facility for “overall quality” and met VHA target score of 77 in 2nd Qtr, FY 2008. However, Rockford CBOC scored below the parent facility’s SHEP and VHA target score of 77 in the 3rd and 4th Qtrs. We learned the CBOC had experienced a high turnover of staff during the 3rd and 4th Qtrs, which increased patients’ wait times. We interviewed staff and reviewed supporting documents and learned all FTE positions had been filled at Rockford’s CBOC prior to our site visit.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	607	Madison	Mean Score	72.3	90.2	85	76.5	77.3
			N=	67	78	79	2,846	55,407
	607GE	Beaver Dam		96.6	98.1	92.6		
			N=	89	98	100		
	607HA	Rockford		86.2	85.6	90.4		
			N=	85	78	74		

Figure 5. Provider Wait Times

The Beaver Dam CBOC exceeded the parent facility's "provider wait times" scores in FY 2008. The Rockford CBOC failed to meet the parent facility SHEP scores in the 3rd Qtr, FY 2008. Both CBOCs met the VHA target score of 77 in all quarters.

C. VISN 23, Sioux Falls VAMC – Sioux City and Aberdeen

Quality of Care Measures

The Sioux City CBOC quality measure scores equaled or exceeded the parent facility scores. The Aberdeen CBOC equaled or exceeded the parent facility scores with the exception of DM retinal exam and lipid testing and PTSD screening. (See Appendix K.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders for four nurses at the Sioux City CBOC and four providers and four nurses at the Aberdeen CBOC. All providers possess a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented. However, we identified the following areas that needed improvement:

Clinical Privileging

The Professional Standards Board had granted providers clinical privileges for procedures that had not been performed at the Aberdeen CBOC within the past reprivileging cycle. For example, a PA was granted privileges to administer IV medications; however, IV medications were not administered at the CBOC. In addition, a physician was granted privileges to perform ACLS; however, the CBOC did not have ACLS medications or equipment and managers had indicated that the clinic was a 911 facility.

Additionally, according to VHA Handbook 1119:

The reappraisal process needs to include consideration of such factors as the number of procedures performed or major diagnoses treated, rates of complications compared with those of others doing similar procedures, and adverse results indicating patterns or trends in a practitioner's clinical practice. Relevant practitioner-specific data needs to be compared to the aggregate data of those privileged practitioners that hold the same or comparable privileges.

We found that the service chiefs collected practitioner-specific data on the major diagnoses treated at both CBOCs. However, this practitioner-specific data was not compared to the aggregated data of those privileged practitioners with the same or comparable privileges.

Recommendation 10. We recommended that the VISN 23 Director ensure that the Sioux Falls VAMC Director requires that clinical managers grant privileges that are consistent with providers' practices and with the clinical setting at the Aberdeen CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The Credentialing Coordinator will request that all CBOC Medical Directors review the CBOC provider privileges based on the clinical setting. The recommended changes will be submitted to the Professional Standards Board (PSB). The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 11. We recommended that the VISN 23 Director ensure that the Sioux Falls VAMC Director requires that when reprivileging, practitioner data be compared to aggregate data of those privileged practitioners who hold the same or comparable privileges at the Sioux City and Aberdeen CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The medical center has developed a process to ensure that when reprivileging, practitioner data will be compared to aggregated data of those privileged practitioners who hold the same or comparable privileges. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The clinics met standards, and the environments were generally clean and safe.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical and MH emergencies are handled. Both CBOCs had policies that outlined management of medical and MH emergencies. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

Patient Satisfaction

The SHEP results for FY 2008 are displayed in Figures 6 and 7.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	438	Sioux Falls	Mean Score	84.7	91.7	81.9	82.2	78.5
			N=	90	73	79	3,305	54,400
	438GC	Sioux City		78.5	78.4	96.2		
			N=	74	74	78		
	438GD	Aberdeen		84.4	69.8	75.2		
			N=	93	73	82		

Figure 6. Outpatient Overall Quality

The Sioux City CBOC scores surpassed the parent facility scores in the “overall quality” measure in the 2nd Qtr. Although the scores were lower in the 3rd and 4th Qtrs, the clinic still met the VHA target of 77. The Aberdeen CBOC scored below the target measure of 77 percent for two out of three quarters in the “overall quality” measure. The decline in “overall quality” scores were attributed to staff instability, which was resolved with an intensive recruitment program.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	438	Sioux Falls	Mean Score	85.8	77	81.4	84.9	77.3
			N=	90	75	79	3,403	55,407
	438GC	Sioux City		94.4	91.9	97.2		
			N=	79	72	86		
	438GD	Aberdeen		93.9	93.8	91.7		
			N=	92	75	89		

Figure 7. Provider Wait Times

Both Sioux City and Aberdeen exceeded the target measure of “provider wait times” for all quarters. The scores significantly exceeded the parent facility.

D. VISN 23, Iowa City VAMC – Waterloo and Galesburg

Quality of Care Measures

The Waterloo CBOC scores exceeded the parent facility on DM foot inspection, pedal pulses, foot sensory exam, and retinal eye exam, and PTSD screening, while they were slightly lower on hyperlipidemia, low-density lipoprotein cholesterol (LDL-C) screen, and renal testing. The Galesburg CBOC scores exceeded the parent facility for all measures. (See Appendix L.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders of four nurses at both the Waterloo and Galesburg CBOCs. All providers possess a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented. We identified the following areas that needed improvements:

Credentialing

Declaration of Health

The medical center obtained the providers' health declarations during the initial and reappraisal process, as required by VHA Handbook 1100.19, but failed to scan the health declarations for all providers into the VetPro system as required. Failure to scan these documents into the VetPro system has the potential of decreasing the efficiency and accuracy of the credentialing process. Because hard copies of the health declarations were available for review during the reappraisal process and senior managers have agreed to scan the declarations into the VetPro system, we did not make a recommendation.

Privileging

Clinical Privileges

The physicians' privileges at both CBOCs were based on a category system, and there was no difference in the clinical privileges of primary care providers (PCP) and general medicine providers. Each category described the activity the provider was qualified to perform. For example, Category I would afford the practitioner to treat "uncomplicated illness or problems with low risk to the patient," and Category II practitioners would provide "general medical care treatment of medical diseases including care in the intensive care unit." Both categories permitted the practitioners to provide urgent care.

The PCPs we reviewed were full-time staff at the CBOCs and were granted Category II privileges. Two PCPs were also granted skin biopsy and/or sigmoidoscopy privileges; although, these procedures were not performed at the CBOCs. According to VHA

Handbook 1100.19, only privileges for procedures actually provided by the VA facility may be granted to a practitioner.

Performance Improvement

According to the medical center's medical bylaws, each renewal or revision of privileges is based on a reappraisal. Evaluation of professional performance, judgment, clinical and/or technical competence, and skills are to be based in part on results of medical center performance improvement (PI) information and activities. Additionally, each service will monitor the performance of its active staff and utilize that information at the time of reappraisal.

The service chief did maintain provider profiles on all practitioners. The items in the provider profiles included complaints, patient satisfaction, and individual patient record reviews (5 to 10 records). To evaluate the providers' clinical competency, each patient record was peer reviewed; however, there were no developed criteria to conduct these reviews.⁶

Furthermore, we did not find a written plan with service-specific (Primary Care) competency criteria for Ongoing Professional Practice Evaluation (OPPE). Ongoing reviews conducted by service chiefs must be comprised of activities with defined criteria that emphasize the facility's PI plan, appropriateness of care, patient safety, and desired outcomes. VHA regulations require a thorough written plan with specific competency criteria for OPPE for all privileged physicians.

Recommendation 12. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director requires physician privileges are appropriate to the procedures performed at both the Waterloo and Galesburg CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The Deputy Director for Primary Care will ensure providers are granted privileges commensurate with actual services that they may perform at the CBOC site. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 13. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director requires that the OPPE plan, OPPE data, and the privileging process are managed in accordance with VHA requirements for both the Waterloo and Galesburg CBOCs.

⁶ Peer review is defined to include critical reviews of care performed by a peer and/or group of peers. The review is given a Level 1, 2, or 3 rating. A Level 2 and 3 rating indicates that most experienced, competent practitioners "might" or "would," respectively, have managed the case differently.

The VISN and VAMC Directors concurred with our finding and recommendation. Initial privileging and re-credentialing process is being reviewed and updated to reflect the specific daily practice of each provider. The re-credentialing process will include random and focus peer reviews. The reviews will assess appropriateness of care, patient safety, and desired outcomes. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Both CBOCs' internal EOC were basically clean and well maintained. The CBOCs met most standards, and the environment was safe. However, we identified the following areas that needed improvement:

Information Technology Vulnerability

At the Galesburg CBOC, we found a room utilized as the information technology (IT) clinic network center and housekeeping storage (equipment and supplies). Although the room was locked, the network center was not secured because access to this room was not monitored. The housekeeping and nursing staff had a key to the room. VA Handbook 6500⁷ states that access to these locations are limited to authorized IT staff, unless accompanied by authorized staff. Moreover, IT staff will coordinate and authorize access to co-located equipment areas, which is managed or supervised by a department other than IT.

Handicap Access

The Waterloo CBOC was not equipped with an automatic door opener or door bell to assist patients accessing the clinic area. The staff indicated that patients who required assistance were usually escorted to their appointments, and the escorts would open the door so the patient could gain entry. Although managers stated that the door was light-weight and did not pose as an obstacle to entry, we determined that a patient in a wheelchair/walker would not be able to hold the door open and maneuver their assistive device.

Panic Alarms

Both CBOCs provide MH services. The staff were able to describe several processes utilized to ensure a safe environment and a rapid response to a MH emergency. Selected staff at both CBOCs had a pull-cord alarm device. The pull-cord alarm device tested at the Waterloo CBOC was not audible to staff members in other areas of the clinic;

⁷ VA Handbook 6500, *Information Security Program*, September 18, 2007.

therefore, staff notification and support would not readily be available in the event of an emergency.

Sharps Containers

The exam rooms at the Waterloo CBOC were supplied with 2-gallon sharps containers that were mounted above the eye level of most staff members. The container's lid was not designed to limit accidental or intentional access to used sharp items. Moreover, the containers were opaque; therefore, staff could not easily identify when the containers were in need of disposal.

Wall Penetration

At the Galesburg CBOC, we found a large wall penetration behind a sink in a soiled utility room. The penetration was large enough to expose several plumbing pipes. Because plans to repair the penetration were made during our site visit, we did not make a recommendation.

Recommendation 14. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director conduct an IT network security assessment and correct any vulnerabilities at the Galesburg CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Relocation of the Galesburg CBOC is in progress, and the new site will include an independent IT closet with restricted access. In the interim, only those persons who have been granted access to the IT closet will possess a key to the closet. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 15. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director improve access for disabled veterans at the Waterloo CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. A doorbell is scheduled to be installed at the clinic entrance, and signage will be posted to make veterans aware to ring the bell if assistance is needed with the door. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 16. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director evaluate the effectiveness of the panic alarm system at the Waterloo CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The personal panic alarms used at the Galesburg CBOC were deemed acceptable; therefore, the same panic alarms have been sent to the Waterloo CBOC staff. The improvement

plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 17. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director requires that sharps containers can be accessed safely by the staff at the Waterloo CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. All wall-mounted sharps containers will be relocated to ensure they can be accessed safely by the staff. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical and MH emergencies are handled. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 8 and 9.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	636A8	Iowa City	Mean Score	85.4	73.9	89.3	82.2	78.5
			N=	84	84	74	3,305	54,400
	636GH	Waterloo		77.9	82.8	80.4		
			N=	75	65	86		
	636GI	Galesburg		84.6	88.7	86.2		
			N=	82	85	76		

Figure 8. Outpatient Overall Quality

Both CBOCs met the VHA target score of 77 in “overall quality” in all quarters. Both Waterloo and Galesburg scored slightly lower than the parent facility except in the 3rd Qtr, and both CBOCs’ scores exceeded the parent facility.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent Less than/equal to 20 minutes)	636A8	Iowa City	Mean Score	67.5	69.5	70	84.9	77.3
			N=	87	82	77	3,403	55,407
	636GH	Waterloo		84.9	94.5	92.4		
			N=	81	71	87		
	636GI	Galesburg		93	95.3	93.1		
			N=	83	87	81		

Figure 9. Provider Wait Times

The Waterloo and Galesburg CBOCs far exceeded the parent facility SHEP score. They also exceeded the VHA target goal of 77 percent in all quarters reviewed.

VISN 7 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 30, 2009

From: Director, Veterans Integrated Service Network 7 (10N7)

Subject: **Healthcare Inspection – CBOC Reviews: Macon and Albany, GA**

To: Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

I concur with the recommendations and action plans proposed in the report.

A handwritten signature in black ink, appearing to read "Lawrence A. Biro". The signature is fluid and cursive, with the first name "Lawrence" written in a larger, more prominent script than the last name "Biro".

Lawrence A. Biro

Dublin VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 29, 2009

From: Director, Dublin VAMC (557/00)

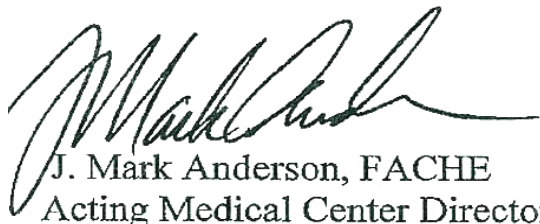
Subject: **Healthcare Inspection – CBOC Reviews: Macon and Albany, GA**

To: Director, Veterans Integrated Service Network 7 (10N7)

1. I have reviewed the comments provided by the Medical Center Director, Carl Vinson VAMC and I concur with the responses and proposed action plans to the 6 recommendations outlined in the report.

2. We appreciated the opportunity for this review as a continuing process to improve the care to our Veterans.

3. If further information is required, please contact Annie Hutchinson, RN, Acting Quality Manager, (478) 272-1210 ext 3347.



J. Mark Anderson, FACHE
Acting Medical Center Director

Dublin VAMC Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director requires that the contract requirements for physicians are met or aligned with VHA requirements at the Macon and Albany CBOCs.

Concur

Target Completion Date: 1 Dec 09

The facility has submitted a request for modification to the contract officer to change the verbiage of the requirements for physicians to be board certified OR board eligible.

Recommendation 2. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director requires that contract providers at the Macon and Albany CBOCs are privileged according to VHA policy.

Concur

Target Completion Date: 1 Dec 09

The Medical Center Chief of Staff has changed the privileging policy for CBOC providers and developed a different privileging form for CBOC providers.

Recommendation 3. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director requires that clinical managers review the privileges that have been granted to clinical staff and grant privileges that are consistent with providers' practices at the Macon and Albany CBOCs.

Concur

Target Completion Date: 1 Dec 09

The Medical Center Chief of Staff has changed the privileging policy for CBOC providers and developed a different privileging form for CBOC providers.

Recommendation 4. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director requires a functional panic alarm system for the Albany CBOC.

Concur

Target Completion Date: 1 Dec 09

The COTR requested through the Contract Officer for the Contractor to remove the inoperable panic alarm system at Albany CBOC however, the clinic has individual alert monitors worn by key staff.

Recommendation 5. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Macon and Albany CBOCs. Specifically, we recommended that the following measures be taken:

A. Contracting officers should review key contractual provisions with the COTRs and ensure that the COTRs understand the terms of the contract and criteria on which contract performance is measured.

B. Contracting officers should monitor the COTR's oversight by evaluating the evidence that the COTR's review and approval of contractor invoices is in compliance with terms of the contract. COTRs should retain evidence of their review or be able to identify source documents/reports as evidence of their review.

C. COTRs should ensure that contractor performance measures, including incentives and negative incentives, are evaluated against the criterion established in the contract.

D. Contractor invoices should be received in electronic format (Microsoft Access or Excel) in addition to paper documents to facilitate invoice analysis.

Concur

Target Completion Date: 1 Dec 09

The COTR is reviewing the provisions of the contract and developing new quality indicators that are easily quantifiable, and will monitor monthly in accordance with the contract. Additionally, the COTR will maintain a working file of evaluation evidence that complies with the terms of the contract. The COTR will work through the CO to ensure both soft/hard copies of the invoices are received timely to facilitate the invoice analysis and payment.

Recommendation 6. We recommended that the VISN 7 Director ensure that the Dublin VAMC Director provide Sterling with a current list of inactivated enrollees to prevent future overcharges on billings for the Macon and Albany CBOCs.

Concur

Target Completion Date: 1 Dec 09

The COTR is revising the process of recognize inactivated enrollee's and alert the contractor in a monthly basis prior to invoice completion.

VISN 12 Director Comments

**Department of
Veterans Affairs**

Memorandum

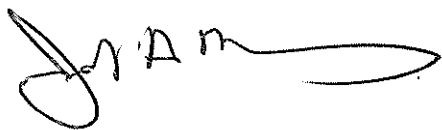
Date: October 26, 2009

From: Director, Veterans Integrated Service Network 12
(10N12)

Subject: **Healthcare Inspection – CBOC Reviews: Beaver Dam, WI
and Rockford, IL**

To: Director, CBOC/Vet Center Program Review, Office of
Healthcare Inspections (54F)

1. Please find attached the response resulting from the reviews conducted at the Beaver Dam and Rockford CBOC's.
2. I have reviewed the action plans and concur.



Jeffrey A. Murawsky, M.D.

Madison VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 26, 2009

From: Director, Madison VAMC (607/00)

Subject: **Healthcare Inspection – CBOC Reviews: Beaver Dam, WI and Rockford, IL**

To: Director, Veterans Integrated Service Network 12 (10N12)

1. Thank you for the opportunity to review the draft report on the Healthcare Inspection – CBOC Reviews: Beaver Dam, WI and Rockford, IL.
2. I have reviewed the document and concur with the recommendations. Corrective action plans have been established with planned completion dates, as detailed in the attached report.



DEBORAH A. THOMPSON

DIRECTOR

Madison VAMC Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 7. We recommended that the VISN 12 Director ensure that the Madison VAMC Director requires all computer stations at the Rockford CBOC are locked when not in use.

Concur

Target Completion Date: 10/13/09

The importance of privacy and security, specifically logging off computer terminals when staff walk away from their computers, was reiterated at the Rockford CBOC all employee staff meeting on September 17, 2009. 97% of staff at the Madison VA Hospital and clinics completed their Cyber Security (information security) and Privacy Awareness Training during FY 09. On October 13, 2009 a national policy "EIE FDCC User Settings V2" was implemented by our facility IT department. This policy, the Federal Desktop Computer Configuration, mandates new Network settings for all medical center computers to comply with Security Standards. This policy has an automatic "LOG OFF" for a PC when sitting idle for fifteen minutes. There is a warning and a 60 second countdown before the automatic logoff. An all employee email was sent out to staff to explain the rationale for the change. This will eliminate the finding of having an open computer when left idle.

Recommendation 8. We recommended that the VISN 12 Director ensure that the Madison VAMC Director requires PII be maintained in a more secure manner at the Rockford CBOC.

Concur

Target Completion Date: 9/17/09

Due to space constraints, it was decided that the staff mailboxes would remain in the staff break room. On September 17, 2009 the Rockford CBOC locked the staff break room. This decision was discussed at the CBOC staff meeting held 9/17/09, with rationale explained. The importance of maintaining confidential information in a secured environment (i.e. locked break room) has been reiterated regularly at weekly staff meetings. On 10/1/09 all mail going between the CBOC and parent facility is placed in locked bins that are kept in the staff break room.

Since this plan was implemented, there has been signage posted to ensure break room door is closed and locked.

Recommendation 9. We recommended that the VISN 12 Director ensure that the Madison VAMC Director requires that Beaver Dam CBOC develops a local policy for medical emergencies that reflects the current practice and capability of the CBOC.

Concur

Target Completion Date: 12/31/09

The local policy for medical emergencies (cardiac, respiratory, or at the CBOC is to contact 911. The nursing “Protocol for Treatment of Hypoglycemia “will be modified to reflect a decision point for inpatient vs. outpatient care. Outpatient care will follow through protocol to point of awake and responsive and able to take PO. If patient is obtunded or unable to swallow 911 would be contacted. This is a protocol that requires Chief of Staff Approval.

VISN 23 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 22, 2009

From: Director, Veterans Integrated Service Network 23
(10N23)

Subject: **Healthcare Inspection – CBOC Review: Sioux City, IA;
Aberdeen, SD; Waterloo, IA; and Galesburg, IL**

To: Director, CBOC/Vet Center Program Review, Office of
Healthcare Inspections (54F)

I have reviewed the recommendations and concur with the
planned actions and target due dates.

(original signed by:)

CYNTHIA BREYFOGLE, FACHE

Sioux Falls VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 21, 2009

From: Director, Sioux Falls VAMC (438/00)

Subject: **Healthcare Inspection – CBOC Review: Sioux City, IA and
Aberdeen, SD**

To: Director, Veterans Integrated Service Network 23 (10N23)

1. We appreciate the opportunity to review the on-site Healthcare Inspection report for the assessment conducted at the Sioux City and Aberdeen CBOCs on September 15-17, 2009.
2. Attached are comments regarding actions that are currently in process to improve and resolve non-compliance in the areas cited.
3. We would like to extend our appreciation to the IG team members for their professionalism. Their collegial manner resulted in a beneficial review for the medical center.

(original signed by:)

Paul D. Bockelman

Sioux Falls VAMC Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 10. We recommended that the VISN 23 Director ensure that the Sioux Falls VAMC Director requires that clinical managers grant privileges that are consistent with providers' practices and with the clinical setting at the Aberdeen CBOC.

Concur

Target Completion Date: October 26, 2009

1. Credentialing Coordinator to request all CBOC Medical Directors to review the CBOC provider privileges and submit recommended changes based on their clinical setting to PSB members by October 23, 2009.
2. Professional Standards Board (PSB) to review all CBOC providers' current privileges on October 23, 2009.
3. Based on the review and CBOC clinical setting, privileges to be revised as appropriate at PSB meeting on October 23, 2009.
4. Revisions to be documented in the PSB minutes by the Credentialing Coordinator on October 23, 2009.
5. Credentialing Coordinator to notify the providers in writing of their privilege changes by October 26, 2009.

Recommendation 11. We recommended that the VISN 23 Director ensure that the Sioux Falls VAMC Director requires that when repriviliging, practitioner data be compared to aggregate data of those privileged practitioners who hold the same or comparable privileges at the Sioux City and Aberdeen CBOCs.

Concur

Target Completion Date: December 18, 2009

1. Professional Standards Board to approve the recommended revisions to the practitioner file data format to include an area for the service chief to

document his/her review of the practitioner's aggregate data and to indicate with an asterisk which indicators have de-identified aggregated data for comparison on October 23, 2009.

2. Once approved, all practitioner file data forms to be revised with the comment section for the service chief to document his/her review of the practitioner's data as compared to aggregate comparable practitioner's data by October 23, 2009.
3. Each Service/Service Line leadership, along with quality management staff, to identify relevant practitioner specific data on the current practitioner forms that have available aggregate data for practitioners who hold the same or comparable privileges by October 30, 2009.
4. The available de-identified comparable aggregate data will be acknowledged on each of the practitioner file forms with an asterisk by October 30, 2009.
5. Service/Service Line leadership, along with quality management staff will develop a format for reporting the de-identified aggregate data comparisons for the selected indicators by November 16, 2009.
6. Process to be initiated for de-identified aggregate data to be attached to each practitioner's provider form when re-privileged for review and comment by the Service/Service Line chief, effective December 4, 2009.
7. Process to be initiated by Credentialing Coordinator to document in the PSB minutes the review of the de-identified aggregate data when the practitioner is re-privileged effective December 4, 2009.

Iowa City VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 21, 2009

From: Director, Iowa City VAMC (636A8/00)

Subject: **Healthcare Inspection – CBOC Review: Waterloo, IA and Galesburg, IL**

To: Director, Veterans Integrated Service Network 23 (10N23)

1. Attached is our response to the reviews of two Iowa City VA Medical Center CBOC (Waterloo, Iowa; Galesburg, Illinois)
2. If you have any questions regarding this response, please contact me at 319-339-7100.



BARRY D. SHARP

Iowa City VAMC Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 12. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director requires physician privileges are appropriate to the procedures performed at both the Waterloo and Galesburg CBOCs.

Concur

Target Completion Date: February 1, 2010

Facility (Deputy Director for Primary Care) will ensure providers are granted privileges commensurate with actual services that they may perform at the CBOC site.

Recommendation 13. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director requires that the OPPE plan, OPPE data, and the privileging process are managed in accordance with VHA requirements for both the Waterloo and Galesburg CBOCs.

Concur

Target Completion Date: December 30, 2009

Initial privileging and re-credentialing process is being reviewed and updated to reflect the specific daily practice of each provider. Re-credentialing process will include a random peer review of 3 encounters per provider and a focused peer review of 2 condition-specific encounters per provider as determined by service line leadership in order to assess appropriateness of care, patient safety, and desired outcomes.

Recommendation 14. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director conduct an IT network security assessment and correct any vulnerabilities at the Galesburg CBOC.

Concur

Target Completion Date: November 6, 2009

Relocation of this CBOC site is in progress; the new clinic site will include a dedicated IT closet with restricted access. In the interim, only those persons who have been granted access to the IT closet will possess a key to the closet. The Standard Operating Procedure number OIT-09-11, office of information & technology communications rooms non-IT personnel access, dated February 2009, is being updated to include the three staff from the Galesburg CBOC who have been granted that access.

Recommendation 15. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director improve access for disabled veterans at the Waterloo CBOC.

Concur

Target Completion Date: November 15, 2009

Assessment completed and permission from building owner has been obtained to install a doorbell at the clinic entrance. Installation date is set for 11/6/09. Signage will be posted to make veterans aware to ring the bell if assistance is needed with the door. Staff has been informed of the action plan and will assist veterans as needed.

Recommendation 16. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director evaluate the effectiveness of the panic alarm system at the Waterloo CBOC.

Concur

Target Completion Date: Complete

Personal panic alarms used at the Galesburg CBOC were tested at the time of the survey and were deemed acceptable; the same personal panic alarms have been sent to the Waterloo CBOC staff.

Recommendation 17. We recommended that the VISN 23 Director ensure that the Iowa City VAMC Director requires that sharps containers can be accessed safely by the staff at the Waterloo CBOC.

Concur

Target Completion Date: November 3, 2009

All but three of the wall-mounted sharps containers have been relocated to 52-56 inches (top of container to floor); the three remaining will be completed with the laborers next site visit to the CBOC.

CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Specialty Care	Podiatry	Gastrointestinal	Physical Therapy	Substance Abuse Program	Diabetes Self Management	Neurology/TBI
557GA	Macon, GA	Dublin, GA	Yes	Yes	No	No	No	No	No
557GB	Albany, GA	Dublin, GA	No	No	No	No	No	No	No
607GE	Beaver Dam, WI	Madison, WI	No	No	No	No	No	No	No
607HA	Rockford, IL	Madison, WI	Yes	Yes	Yes	Yes	No	No	Yes
438GC	Sioux City, IA	Sioux Falls, SD	No	No	No	No	No	No	No
438GD	Aberdeen, SD	Sioux Falls, SD	No	No	No	No	No	No	No
636GH	Waterloo, IA	Iowa City, IA	Yes	No	No	No	Yes	Yes	No
636GI	Galesburg, IL	Iowa City, IA	Yes	No	No	No	Yes	Yes	No

Specialty Care Services

CBOC Station Number	CBOC Name	Parent VA	Laboratory (draw blood)	Spirometry	Onsite Pharmacy	EKG	Social Services	Dietary Services	Tele-medicine
557GA	Macon, GA	Dublin, GA	No	No	No	Yes	Yes	Yes	No
557GB	Albany, GA	Dublin, GA	No	No	No	Yes	No	Yes	No
607GE	Beaver Dam, WI	Madison, WI	Yes	No	No	Yes	No	No	No
607HA	Rockford, IL	Madison, WI	Yes	No	Yes	Yes	Yes	Yes	No
438GC	Sioux City, IA	Sioux Falls, SD	Yes	No	No	Yes	No	No	Yes
438GD	Aberdeen, SD	Sioux Falls, SD	Yes	No	No	Yes	Yes	No	No
636GH	Waterloo, IA	Iowa City, IA	Yes	Yes	No	Yes	No	Yes	Yes
636GI	Galesburg, IL	Iowa City, IA	Yes	Yes	No	Yes	No	Yes	Yes

Onsite Services

CBOC Station Number	CBOC Name	Parent VA	Mental Health Care	Primary Care Physicians	Psychologist	Psychiatrist	Nurse Practitioner	Social Worker	Tele-mental health
557GA	Macon, GA	Dublin, GA	Yes	No	Yes	No	Yes	Yes	No
557GB	Albany, GA	Dublin, GA	Yes	No	Yes	Yes	No	Yes	No
607GE	Beaver Dam, WI	Madison, WI	Yes	Yes	No	Yes	Yes	Yes	Yes
607HA	Rockford, IL	Madison, WI	Yes	Yes	No	Yes	Yes	Yes	Yes
438GC	Sioux City, IA	Sioux Falls, SD	Yes	No	Yes	Yes	No	No	Yes
438GD	Aberdeen, SD	Sioux Falls, SD	Yes	No	Yes	Yes	No	No	Yes
636GH	Waterloo, IA	Iowa City, IA	Yes	Yes	No	Yes	No	Yes	Yes
636GI	Galesburg, IL	Iowa City, IA	Yes	Yes	No	Yes	No	Yes	Yes

Mental Health Services

CBOC Station Number	CBOC Name	Internal Medicine Physician	Primary Care Physician	Nurse Practitioner	Physician Assistant	Registered Nurse	LPN	Psychologist	Pharmacist	Social Worker	Dietary	Technologists	Administrative/Clerical	Other
557GA	Macon, GA	No	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	No	Yes	No
557GB	Albany, GA	No	Yes	No	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	No
607GE	Beaver Dam, WI	No	Yes	Yes	No	Yes	No	No	No	Yes	No	No	Yes	No
607HA	Rockford, IL	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
438GC	Sioux City, IA	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No
438GD	Aberdeen, SD	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes
636GH	Waterloo, IA	No	Yes	No	No	Yes	Yes	No	No	Yes	No	No	Yes	Yes
636GI	Galesburg, IL	No	Yes	No	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes

Disciplines Present at the CBOC

CBOC Station Number	CBOC Name	Parent VA	Urban/Rural	Miles to Parent Facility	Bus	Taxi	Voluntary services	Tele-medicine
557GA	Macon, GA	Dublin, GA	Rural	60	Yes	Yes	Yes	No
557GB	Albany, GA	Dublin, GA	Rural	98	Yes	Yes	Yes	No
607GE	Beaver Dam, WI	Madison, WI	Rural	55	No	Yes	Yes	No
607HA	Rockford, IL	Madison, WI	Urban	75	Yes	Yes	Yes	No
438GC	Sioux City, IA	Sioux Falls, SD	Rural	87	Yes	Yes	Yes	Yes
438GD	Aberdeen, SD	Sioux Falls, SD	Rural	203	No	Yes	Yes	No
636GH	Waterloo, IA	Iowa City, IA	Urban	85.09	Yes	Yes	Yes	Yes
636GI	Galesburg, IL	Iowa City, IA	Urban	111.38	Yes	Yes	No	Yes

Type of Location, Availability of Public Transportation, and Participation in Tele-medicine

Quality of Care Measures
Dublin VAMC – Macon and Albany

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	557 Dublin	103	106	97
	557GA Macon	33	34	97
	557GB Albany	38	44	86

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	557 Dublin	38	38	100
	557GA Macon	41	41	100
	557GB Albany	43	43	100

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot Pedal Pulses	National	5,395	5,971	90
	557 Dublin	38	38	100
	557GA Macon	41	41	100
	557GB Albany	43	43	100

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot Sensory Exam Using Monofilament	National	5,266	5,951	88
	557 Dublin	33	38	87
	557GA Macon	41	41	100
	557GB Albany	41	43	95

Foot Sensory, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	557 Dublin	34	35	97
		557GA Macon	40	41	98
		557GB Albany	39	43	91

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95	National	4,990	5,209	96
	95	557 Dublin	34	35	97
		557GA Macon	40	41	98
		557GB Albany	39	43	91

Lipid Profile, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	557 Dublin	34	35	97
		557GA Macon	41	41	100
		557GB Albany	43	43	100

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	557 Dublin	83	83	100
		557GA Macon	12	12	100
		557GB Albany	12	12	100

PTSD Screening, FY 2009

Quality of Care Measures
Madison VAMC – Beaver Dam and Rockford

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	607 Madison	97	101	96
	607GE Beaver Dam	49	50	98
	607HA Rockford	50	50	100

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	607 Madison	26	33	79
	607GE Beaver Dam	35	37	95
	607HA Rockford	43	50	86

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot Pedal Pulses	National	5,395	5,971	90
	607 Madison	26	33	79
	607GE Beaver Dam	35	37	95
	607HA Rockford	43	50	86

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot sensory exam using monofilament	National	5,266	5,951	88
	607 Madison	26	33	79
	607GE Beaver Dam	35	37	95
	607HA Rockford	43	50	86

Foot Sensory, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	607 Madison	24	29	83
		607GE Beaver Dam	35	37	95
		607HA Rockford	41	50	82

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95	National	4,990	5,209	96
	95	607 Madison	29	30	97
		607GE Beaver Dam	36	37	98
		607HA Rockford	49	50	98

Lipid Profile, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	607 Madison	30	30	100
		607GE Beaver Dam	37	37	100
		607HA Rockford	50	50	100

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	607 Madison	17	17	100
		607GE Beaver Dam	13	13	100
		607HA Rockford	20	20	100

PTSD Screening, FY 2009

Quality of Care Measures
Sioux Falls VAMC – Sioux City and Aberdeen

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<i>Hyperlipidemia Screen</i>	National	13,148	13,587	97
	438 Sioux Falls	106	107	99
	438GC Sioux City	2	2	100
	438GD Aberdeen	5	5	100

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<i>DM – Outpatient Foot Inspection</i>	National	5,523	5,971	92
	438 Sioux Falls	42	52	81
	438GC Sioux City	50	50	100
	438GD Aberdeen	47	50	94

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<i>DM - Outpatient Foot pedal pulses</i>	National	5,395	5,971	90
	438 Sioux Falls	43	52	83
	438GC Sioux City	50	50	100
	438GD Aberdeen	43	50	86

Foot Pedal Pulses, FY 2009

<i>Sensory Exam</i>				
<i>DM - Outpatient - Foot Sensory Exam Using Monofilament</i>	National	5,266	5,951	88
	438 Sioux Falls	41	52	79
	438GC Sioux City	49	50	98
	438GD Aberdeen	41	50	82

Foot Sensory, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	438 Sioux Falls	30	39	77
		438GC Sioux City	43	50	86
		438GD Aberdeen	31	50	62

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95		4,990	5,209	96
	95	438 Sioux Falls	38	38	100
		438GC Sioux City	50	50	100
		438GD Aberdeen	49	50	98

Lipid Profile, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	438 Sioux Falls	36	39	92
		438GC Sioux City	49	50	98
		438GD Aberdeen	46	50	92

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	438 Sioux Falls	5	5	100
		438GC Sioux City	30	30	100
		438GD Aberdeen	22	25	88

PTSD Screening, FY 2009

Quality of Care Measures
Iowa City VAMC – Waterloo and Galesburg

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	636A8 Iowa City	83	87	95
	636GH Waterloo	46	49	94
	636GI Galesburg	4	4	100

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	636A8 Iowa City	43	49	88
	636GH Waterloo	49	50	98
	636GI Galesburg	46	46	100

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot pedal pulses	National	5,395	5,971	90
	636A8 Iowa City	41	49	84
	636GH Waterloo	50	50	100
	636GI Galesburg	43	46	94

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot Sensory Exam Using Monofilament	National	5,266	5,951	88
	636A8 Iowa City	38	49	78
	636GH Waterloo	49	50	98
	636GI Galesburg	45	46	98

Foot Sensory, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	636A8 Iowa City	35	41	85
		636GH Waterloo	42	50	84
		636GI Galesburg	43	46	94

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95	National	4,990	5,209	96
	95	636A8 Iowa City	35	40	88
		636GH Waterloo	42	50	84
		636GI Galesburg	45	46	98

Lipid Profile, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	636A8 Iowa City	38	41	93
		636GH Waterloo	45	50	90
		636GI Galesburg	46	46	100

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	636A8 Iowa City	30	31	97
		636GH Waterloo	8	8	100
		636GI Galesburg	1	1	100

PTSD Screening, FY 2009

OIG Contact and Staff Acknowledgments

OIG Contact	Marisa Casado, Director CBOC/Vet Center Program Review (727) 395-2416
Acknowledgments	Wachita Haywood, Associate Director Nancy Albaladejo, RN, MSA Jennifer Christensen, DPM Lin Clegg, Ph.D. Marnette Dhooghe, MS Kathy Gudgell, RN, JD Stephanie Hensel, RN, JD Zhana Johnson, CPA Anthony M. Leigh, CPA, CFE Jennifer Reed, RN Annette Robinson, MSN, MBA, HCM Thomas J. Seluzicki, CPA, CFE Marilyn Stones, Lead Program Specialist

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Hare, Steve King, Tom Latham, David Loebsack, Donald Manzullo, Jim Marshall, Tom
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